#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

#### EIVESTATEME TO OF ECONOMIC INTERESTS S COMMISSION **COVER PAGE**

Date Received Official Use Onli

MAR - 1 2012

Please type or print in ink.

NAME OF FILER (FIRST) (MIDDLE) W. Lieu Ted 1. Office, Agency, or Court Agency Name State Senate Division, Board, Department, District, if applicable Your Position District 28 Senator ▶ If filing for multiple positions, list below or on an attachment. 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) State County of \_\_\_\_\_ ☐ Multi-County \_\_\_ ☐ City of \_\_\_\_\_\_ Other \_\_\_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_ Annual: The period covered is January 1, 2011, through December 31, 2011. (Check one) -or-O The period covered is January 1, 2011, through the date of The period covered is \_\_\_\_\_\_\_, through leaving office. December 31, 2011. Assuming Office: Date assumed \_\_\_\_/\_\_\_ O The period covered is \_\_\_ the date of leaving office. Office sought, if different than Part 1: Candidate: Election Year \_\_\_ 4. Schedule Summary

Check applicable schedules or "None."

- Schedule A-1 Investments schedule attached
- Schedule A-2 Investments schedule attached
- Schedule B Real Property schedule attached

#### ► Total number of pages including this cover page: \_\_\_\_

- Schedule C Income, Loans, & Business Positions schedule attached
- Schedule D Income Gifts schedule attached
- Schedule E Income Gifts Travel Payments schedule attached

None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

3/1/2012 Date Signed .

(month, day, year)

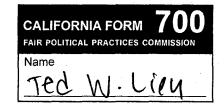
Signature

### SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Ted	W. Lin	1

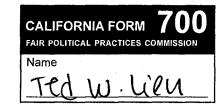
1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
US Air Force Reserves	Harriton Investments
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Los Angeles AFB, CA	2130 Huntington Drive, South Pasadena CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Armed Forces/National Defense	Investments
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Lt. Colonel	Spouse's employment
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	X \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	☐ Loan repayment ☐ Partnership
Sale of	Sale of
(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10 000 or more
Other(Describe)	Other(Describe)
(2000)	(Section)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	NOD
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Street address
	Street address  City
<u>\$500 - \$1,000</u>	Street address
\$500 - \$1,000 \$1,001 - \$10,000	City  Guarantor
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Street address  City
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	City  Other
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	City  Other

## SCHEDULE D Income - Gifts



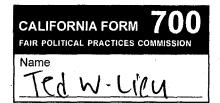
► NAME OF SOURCE		► NAME OF SOURCE
Motion Picture Association	n of America, Inc	Toyota
ADDRESS (Business Address Accep	table)	ADDRESS (Business Address Acceptable)
15301 Ventura Blvd, Build	ing E Sherman Oaks	601 Thirteenth Street, NW, Sutie 910 Washington DC
BUSINESS ACTIVITY, IF ANY, OF S	OURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01,24,11 \$ 21.13	Lunch-P. F. Chang's	03 / 04 / 11
\$		sgame
		\$
► NAME OF SOURCE		NAME OF SOURCE
ILWU		II John Schoen
ADDRESS (Business Address Accep	table)	ADDRESS (Business Address Acceptable)
231 West C Street Wilming	gton	11 2500 Redound Beach Blvd.
BUSINESS ACTIVITY, IF ANY, OF S	OURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE TOMONICE 90
Senator Lieu Spoke at eve	ent	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
03 / 03 / 11	Jacket	03,16,11 ,12500 Kings Ticket
		Avco Arena
	-	\$
► NAME OF SOURCE	· · · · · · · · · · · · · · · · · · ·	► NAME OF SOURCE
CA New Car Dealers Asso	ciation	The CA State Floral Association-CA Ag Day
ADDRESS (Business Address Accept	table)	ADDRESS (Business Address Acceptable)
1415 L Street, Suite 700 S	ac CA 95814	1521 I Street Sac CA 95814
BUSINESS ACTIVITY, IF ANY, OF SO	DURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Agriculture Day
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
03 / 29 / 11 \$ 107.52	Value of food, drink	03 / 23 / 11
/\$	at Cocktail Reception &	sfor the office
\$	Dinner	<b>                                     </b>
<u>.</u>		
Comments:		
Comments.		

## SCHEDULE D Income - Gifts



▶ ŅAME OF SOURCE		$\neg$ $\vdash$	NAME OF SOURCE	E	
Personal Insurance Feder	ation of CA		American Airli	ine	
ADDRESS (Business Address Accep	table)		ADDRESS (Busines	ss Address Acceptat	v(e)
1201 K Street, Suite 1220 Sac CA 95814			222 N. Sepulv	veda Blvd., Sui	te 2100 El Segundo 9024
BUSINESS ACTIVITY, IF ANY, OF S	OURCE			TY, IF ANY, OF SOU	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 11 \$ 67.83	Dinner at the Sutter		<u>05 , 17 , 11</u>	\$230.00	Board of Directors
J\$	Club			\$	Community Dinner
\$				\$	
NAME OF SOURCE		11,	NAME OF SOURCE	 E	
The CA Automatic Vendor	s Council	- 11	Toy industry A	Association, Ind	<b>)</b> .
ADDRESS (Business Address Accep	table)		ADDRESS (Busines	ss Address Acceptab	le)
80 S. Lake Ave., Suite 538	Pasadena CA 91101		1115 Broadwa	ay, Suite 400 N	lew York NY 10010
BUSINESS ACTIVITY, IF ANY, OF S	DURCE		BUSINESS ACTIVIT	ry, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 10 / 11</u> <sub>\$</sub> 20.00	gift bag containing		<u>06 / 08 / 11</u>	\$4.00	TIA's Inaugural CA Toy
\$	several snack items			\$	Day
	·		·	\$	
NAME OF SOURCE		$\neg \vdash$	NAME OF SOURCE	E	·
Senator Darrell Steinberg-	CA Dem Party		Fidelity Inform	nation Services	
ADDRESS (Business Address Accept	table)		ADDRESS (Busines	s Address Acceptab	le)
1127 11th Street, Suite 24	2 Sac CA 95814	- 11	11601 Roose	velt Blvd. Saint	Petersburg FL 33716
BUSINESS ACTIVITY, IF ANY, OF SO	DURCE		BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 11 / 11 \$ 40.00	Farewell Reception for		<u>06 / 22 / 11</u>	\$ 79.00	Dinner at Biba
\$	Janelle Beland at			\$	
/\$	Cosmo Cafe			\$	

## SCHEDULE D Income - Gifts



► NAME OF SOURCE		► NAME OF SOURCE
Kaiser Permanente		Andrea Landi/Landi Rei
ADDRESS (Business Address Acceptable	le)	ADDRESS (Business Address Acceptable)
1215 K Street, Suite 2030 Sa	ac CA 95814	23535 Telo Ale. Torrance
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Kaiser Foundation Health Pla	an, Inc.	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
00 10 11 46.71	Com Londonskin	112,20,11 : 10000 Gift Baske
08 / 16 / 11	Sen. Leadership	1 12/WII \$ 100 CITT BUSICE
	Breakfast	
\$		\$
/ / •		
	`	
NAME OF SOURCE		► NAME OF SOURCE
Law Offices of Olson Hagel 8	& Fishburn LLP	
ADDRESS (Business Address Acceptable	e)	ADDRESS (Business Address Acceptable)
555 Capitol Mall, Suite 1425		
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA for Clean Energy & Jobs		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
08 / 17 / 11 \$ 47.35	Food & Beverages-	\$
/ / <b>s</b>	Clean Tech	
\$	Convening Event	\$
NAME OF SOURCE		▶ NAME OF SOURCE
Red Chamber		*
ADDRESS (Business Address Acceptable	e)	ADDRESS (Business Address Acceptable)
1912 E. Vernon Ave. Vernor		
BUSINESS ACTIVITY, IF ANY, OF SOUR	<del></del>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Test Kitchen		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u>12 / 20 / 11</u> <sub>\$</sub> 60.00	Fish Sample	\$
\$		\$
\$		\$
Comments:	· · · · · · · · · · · · · · · · · · ·	
	**	

## SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Ted W. Lieu

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE	▶ NAME OF SOURCE
Parliament of Azerbaijan	CA Foundation on the Environment and the Economy
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1 Parliament Ave, AZ 1152 Baku,	Pier 35, Suite 202
CITY AND STATE	CITY AND STATE
Azerbaijan Repulic	San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Government	roundtable conf. on CA Infrastructure: A path to
DATE(S): 09, 25, 11 - 09, 29, 11 AMT: \$ 3080.00	DATE(S): 10 / 10 / 11 - 10 / 11 / 11 AMT: \$ 277.62
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	
Other - Provide Description	Other - Provide Description
Hotel accommodation, ground transportation, meals and cultural activities	Monday buffet lunch, hors d'oeuvers and dinner. Tuesday breakfast, box lunch and Tuesday beverage
NAME OF COURSE	NAME OF SOURCE
► NAME OF SOURCE The Pacifica Institute	NAME OF SOURCE
ADDRESS (Business Address Acceptable) 1019 Gayley Ave., Suite A	ADDRESS (Business Address Acceptable)
CITY AND STATE Los Angeles, CA 90024	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE (501 (c)(3)  Cross-cultural awareness foundation	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 09 / 15 / 11 09 / 25 / 11 AMT: \$ 2710.00	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) Gift 🔀 Income	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Hotel accommodation, transportation, meals, cultural activities.	
Comments:	

## PRACTICES COMISCHIEDULE D 12 MAR -5 PM Income - Gifts



## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

#### AMENDMENT

NAME OF SOURCE		► NAME OF SOURCE
John Schoen ADDRESS (Business Address Acceptable)	· ·	ADDRESS (Business Address Acceptable)
2500 Redondo Beach Blvd.	Torrance CA 90504	
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
03,16,11 \$ 200.00	Kings Tickets at	\$
\$	Arco Arena	\$
\$		\$
NAME OF SOURCE		▶ NAME OF SOURCE
Walt Disney Company and I	ts Affiliated Entities	
ADDRESS (Business Address Acceptable 500 South Buena Vista Street		ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
07 , 30 , 11 \$ 420.00	Tickets	\$
		\$
NAME OF SOURCE		Filer's Verification
ADDRESS (Business Address Acceptab	le)	Print Name Ted W. Lieu
		Office, Agency or Court State Senate
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE .	Statement Type 🗵 2011/2012 Annual 🗌 Assuming 🔲 Leaving
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	Annual Candidate  I have used all reasonable diligence in preparing this statement. I have
\$	· · · · · · · · · · · · · · · · · · ·	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
\$		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
\$		Date Signed

Comments:

# FAIR POLITICAL PRACTICES COMMISSION SCHEDULE E Income – Gifts Income – Gifts Travel Payments, Advances, and Reimbursements



AMENDMENT

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE	► NAME OF SOURCE
Parliament of Azerbaijan	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1 Parliament Ave, AZ 1152 Baku	
CITY AND STATE	CITY AND STATE
Azerbaijan Republic	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Government	
DATE(S): 09 / 25 / 11 - 09 / 29 / 11 AMT: \$ 3080.00	DATE(S):
TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Hotel accommodation, ground transportation, meals and cultural activities	
NAME OF SOURCE	Filer's Verification  Print Name Ted W. Lieu
ADDRESS (Business Address Acceptable)	Office, Agency or Court CA State Senate
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	Statement Type 🗵 2011/2012 Annual 🔲 Assuming 🔲 Leaving 🔲 — Annual 🔲 Candidate
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
DATE(S):/	I certify under penalty of perjury under the laws of the State of
TYPE OF PAYMENT: (must check one)	California that the foregoing is true and correct.
Made a Speech/Participated in a Panel	Date Signed (month, day, year)
Other - Provide Description	Filer's Signature
	· • · · · · · · · · · · · · · · · · · ·
Comments:	